IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

n re patent application of:)	Before the Examiner
Günther SCHMID, et al.)	Not Yet Assigned
Serial No. 10/535,517)	Group Art Unit
Filed)	
MPLANT, THERAPEUTIC AGENT AND MICELLE)))	August 17, 2005

TRANSMITTAL OF DECLARATION OF INVENTORS

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450 **Box PCT**

Sir:

On May 13, 2005, the above-identified patent application was filed by Express Mail (Receipt No. EV641072900US-see copy of returned postcard attached) with an unsigned Declaration. Applicants transmit herewith a fully executed Declaration, along with the small entity surcharge therefore of \$65.00 (37 CFR 1.492(e)) which is to be charged to a credit card. The credit card authorization is enclosed.

08/22/2005 ATRAN1

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Date of Deposit August 17, 2005

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No additional fees are believed to be due, but if any additional fees are deemed required, please charge such fees to Deposit Account No. 23-3030.

Respectfully submitted

James M. Durlacher Reg. No. 28,840

Woodard, Emhardt et al. LLP

Bank One Center/Tower

111 Monument Circle, Suite 3700

Indianapolis, Indiana 46204-5137

(317) 634-3456

8310-4:JMD:#359257:ss

WEMMH/SB/21 (4/03)

TRANSMITTAL Filing Date May 13, 2005 First Named Inventor Group Art Unit Examiner Name Not Yet Assigned

Attorney Docket Number

8310-4

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Sandra & Stil

Signature

Total Number of Pages in this Submission

		ENCLOSURES (check all that apply)							
\boxtimes	Fee Transmittal Form	Assignment Papers	After Allowance Communication to Group						
	Fee Attached see PTO-2038 form	Drawing(s)	Appeal Communication to Board of Appeals and Interferences						
	Amendment Response	Licensing-related Papers	Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)						
	After Final	To Convert a Provisional Application	Proprietary Information						
	Affidavits/declaration(s)	Power of Attorney, Revocation, Change of Correspondence Address	Status Letter						
	Extension of Time Request	Terminal Disclaimer	Additional Enclosure (please identify below)						
	Express Abandonment Request	Small Entity Statement	Return Receipt Postcard						
	Information Disclosure Statement	Request for Refund	Transmittal of Declaration of Inventors;						
	Certified Copy of Priority Documents		Declaration & Power of Attorney						
	Response to Missing Parts/ Incomplete Application Remarks								
	Response to Missing Parts under 37 CRF 1.52 or 1.53								
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT									
Firm or Individual Name James M. Durlacher Woodard, Emhardt, Moriarty, McNett & Henry LLP									
Signature James M. Durlacher									
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ork Reduction Act of 1995, no persons are required to respond to a college information unless it displays a valid OMB control number.

FEE TRANSMITTAL **FOR FY 2005**

Con, Lete if Known						
Application Number	10/535,517					
Filing Date	May 13, 2005					
First Named Inventor	Gunther SCHMID					
Group Art Unit						
Examiner Name	Not Yet Assigned					
Attorney Docket Number	8310-4					

Effective 12/08/2004.			First Named Inventor		Gunther	Gunther SCHMID		
Fees pursuant to the Consolidated Appropriations Act (H.R. 4818).			Group Art Unit					
Applicant claims small entity status. See 37 CFR 1.27			Examiner Name Not Yet		Not Yet A	Assigned		
Total Amount of Payment (\$) 65.00				Attorn	ey Docket Numbe	8310-4		
METHOD OF P	AYMENT (check all that appl	y)					
☐Check ☐ Credit card	d Mone] None [Othe	er (please identify)			
Deposit Account:								
See PTO 2038 For The Director is authorized Charge fee(s) indicated befees	to: (check a		s ⊠ Charg	e any a	dditional fee(s) durin	g the pendency o	of this application, e	excluding the payment of issue
	Charge fee(s) indicated below, ex	cept for th	e filing	fee to the above-ide	ntified deposit ac	count.	, V
FEE CALCULATION: 1. BASIC FILING, SEAR				ADOLL	FFF	PVAMINA	TION FEED	
Application Type	FILING I	Small Entity		ARCH	mall Entity		FION FEES	Food Boid (\$)
Application Type	1 66 (4)	Fee (\$)	<u>Fee (</u>	का ह	Fee (\$)	<u>Fee (\$)</u>	Small Entity Fee (\$)	Fees Paid (\$)
Utility	300	150	500)	250	200	100	<u>\$</u> 0
Design	200	100	100)	50	130	65	
Plant	200	100	300)	150	160	80	
Reissue	300	150	500)	250	600	300	
Provisional	200	100	0		0	0	0	
2. EXCESS CLAIM FEES Fee Description Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent 50 25 Each independent claims over 3 or, for Reissues, each independent claim more than in the original patent 200 100 Multiple dependent claims Total Claims Extra Claims Fee (\$) Fee Paid (\$) Multiple Dependent Claims * - 20 or HP = * x 50 = (\$) 0 Fee Paid (\$) HP = highest number of total claims paid for, if greater than 20}								
SUBMITTED BY:								
Name (Print/Type):	James M.				Registration No.: (Attorney/Agent)	28,840	Telephone:	(317) 634-3456
Signature: James M. Durlacher Date: August 17, 2005						August 17, 2005		
CERTIFICATE OF MAILING OR TRANSMISSION								

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Name (Print/Type)

Sandra L. Stilz

Signature

August 17, 2005